

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/06/2012	
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/06/12</p> <p>Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Edgewater Woods was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 125 and had a census of 77 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached shed which is used for facility storage and it was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/06/12 at 1:10</p>		K0051	<p>A. Electrician was called 8-6-12 and circuit breaker was located 8-7-2012 and identified in the GP panel. The alarm circuit was marked "Fire Alarm Circuit Control" in red on the breaker panel.</p> <p>B. All residents, visitors, and staff have the potential to be affected by this practice. Electrician was called 8-6-12 and circuit breaker was located 8-7-2012 and identified in the GP panel. The alarm circuit was marked "Fire Alarm Circuit Control" in red on the breaker panel.</p> <p>C. Electrician was called 8-6-12 and circuit breaker was located 8-7-2012 and identified in the GP panel. The alarm circuit was marked "Fire Alarm Circuit Control" in red on the</p>		08/24/2012	

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on interview on 08/06/12 at 1:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown..</p> <p>3.1-19(b)</p>			<p>breaker panel. Authorized personnel in the Maintenance Department and Management of Edgewater Woods were inserviced on the location of the alarm circuit on 8-9-2012.</p> <p>D. An item was added to the Fire System Preventative Maintenance Log for location of the Fire Alarm Circuit Control. The Fire System Preventative Maintenance Log will be completed weekly for 4 weeks to assure that the Circuit remains marked and identifiable in the GP panel. After that 4 weeks the item Fire Alarm Circuit Control will remain on the Preventative Maintenance Log and be reviewed Monthly at Continuous Quality Improvement Meeting by the Management Team at Edgewater Woods.</p>			

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator's alarm annunciator panels was maintained to ensure it would indicate generator function conditions during a test. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating 			K0144	<p>A. Electrician was called on 8-6-2012 to assure that Generator and its' annunciator panel were functioning properly in compliance with K144.</p> <p>B. All residents, visitors, and staff have the potential to be affected by this practice. Electrician was called on 8-6-2012 to assure that Generator and its' annunciator panel were functioning properly in compliance with K144.</p> <p>C. Electrician was called on the issue 8-6-2012 and system checked to assure it was functioning properly. At that time an issue was discovered with the test function key on the face of the panel. Instructions were given for tripping the test function within the box and a new annunciator panel was ordered. New annunciator panel was installed 8-24-2012. Authorized personnel in the Maintenance Department and Management of Edgewater Woods were inserviced on the Emergency Generator's annunciator panel on 8-24-2012.</p> <p>D. The Emergency Generator Preventative Maintenance Log will be completed weekly for 4 weeks to assure that the Emergency Generator Annunciator Panel functions properly. The Emergency</p>		08/24/2012

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	<p>supply.</p> <p>5. Overcrank (failed to start).</p> <p>6. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/06/12 at 12:33 p.m. with the Maintenance Supervisor, the test button on the alarm annunciator for the generator located in the D hall Nurse's station did not illuminate the LED function lights corresponding to the various functions for the generator. During an interview on 08/06/12 at 12:34 p.m. with the Maintenance Supervisor, it was acknowledged the function lights usually all illuminated when the test button was depressed, but for some reason they were not working now. After a short conversation with a generator technician, it was further acknowledged by the Maintenance Supervisor the technician</p>			<p>Generator Preventative Maintenance Log will be reviewed monthly at Continuous Quality Improvement meeting by the Management Team at Edgewater Woods. After 4 weeks the The Emergency Generator Preventative Maintenance Log will be completed Monthly and reviewed at CQI meeting quarterly or as needed.</p>			

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	was aware not all the functions on the panel illuminated and it was probably the result of a disconnected wire. 3.1-19(b)						